

For each one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 183
Local Registrar's No. 16

1. PLACE OF BIRTH

County Gila State _____
District or Township _____ or Village _____
City Hayden Hayden Hayden St. _____ Ward _____

2. Full name of child An unnamed Baldegreo If birth occurred in a hospital or institution, give its NAME instead of street and number
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. Legitimate? Yes 6. Date of birth Feb 26 1919
Month Day Year

8. FATHER Full name Juan Baldegreo
9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

14. MOTHER Full maiden name Sara Lora
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race Mex
11. Age at last birthday 27 (Years)

16. Color or race Mex
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mogalez
(State or country) Argiz

18. Birthplace (city or place) Bellevue
(State or country) Argiz

13. Occupation Labo
Nature of industry

19. Occupation House Wife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4 A m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles Shuckert

(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____

Address Hayden Arizona

Filed Feb 28 1919 Registrar W.D. Paul

Registrar

Registrar

926-226-231